



Mississippi Voices for Health Care

Mississippians deliberate the future of health care in their state



**MISSISSIPPI
HEALTH ADVOCACY
PROGRAM**

A Member of
Sisters of Mercy Ministries

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Overview

- Project Objectives
- Polls/Focus Groups vs. *ChoiceDialogues*
- Project Findings

Project Goals

- To engage civic leaders and the public in Mississippi in identifying health care reforms that:
 - Improve access and lower costs
 - Are significant and sustainable
 - Both employers and the public will support
- To reveal potential roadblocks and conditions for support
- To create a roadmap that leaders and others can use to move these health care reforms forward

Project Outline

- Step 1: Strategic Dialogue with state leaders** to develop health reform scenarios for Mississippi (January 2008)
- Step 2: ChoiceDialogues with representative samples of Mississippi residents** to identify which reform scenarios the public will be willing to support and under what conditions (March/April 2008)
- Step 3: Report and Dissemination:** developing a road map state and national leaders can use to advance health care reform (May 2008)
- Step 4: On-line Dialogue and Community Conversations**, via “Meeting in a Box”, (mid-2008) to engage a wider range of Mississippians

Today's Agenda

- Initial briefing
- ChoiceDialogue video
- Table discussion: key questions and possibilities raised by the research
- Report out and closing comments

Polls/Focus Groups vs. ChoiceDialogues

ChoiceDialogue: A new research tool

- **A series of dialogues** with representative cross-sections of the public (35-40 participants in each session)
- **Eight-hour sessions** allow intense social learning
- **Dialogue organized** around 3-4 alternative scenarios developed in advance
- **Special workbook** sets agenda, gives background on issues, lays out pros and cons grounded in research
- **Facilitation** keeps people on track and in dialogue mode
- **Before and after measures** quantify shifts in preferences, coupled with qualitative analysis

Focus Groups vs. ChoiceDialogues

Focus Groups	ChoiceDialogues
Two hours	Eight hours
8-12 participants	35-40 participants
Capture current thinking	Capture future thinking
Avoid changing minds	Explore how minds change
Participant learning is minimal	A huge amount of learning
Strong feelings controlled	Strong feelings elicited
Changes are random	Changes are significant

Findings

Mississippi Choice Dialogues on Health Care Reform

- Three 8-hour sessions:
 - » Tupelo
 - » Greenville
 - » Biloxi
- 30-35 participants at each (total of 96)
- Participants randomly selected and a representative cross section of each region

ChoiceDialogue: Four Scenarios

Participants worked through four scenarios:

- Shared responsibility
- Increasing personal responsibility
- Public health insurance for all
- A coordinated wellness system

Thinking it through:

Where they started

Personal experience: The system is broken

- **We can't get the care we need**
 - Large number of uninsured
 - » **18% of MS participants uninsured** vs. 13% nationwide
 - Low quality care
 - » **46% say care in their community is 'not so good' or 'poor'** vs. 36% nationwide
 - Shortage of physicians
 - High costs for coverage, care & prescriptions
 - » **71% say they are "very concerned" about health care costs** vs. 63% nationwide

Thinking it through:

Where they started (cont'd)

Personal experience: The system is broken (cont'd)

- **Anger, frustration & powerlessness**
 - Insurers, drug companies, hospitals are profiting
 - We are paying more and getting less in a system that seems rigged against us

Something has to change!

Thinking it through:

An employer-based system?

- **We need to cover everyone** (*91% agree this is “essential” or “very important”*)
 - It’s not right for people to go without care when they need it
 - We all pay for the cost of treating those without
- **The current employer-based system is insufficient**
 - Leaves too many people out
 - Employers can’t afford to offer insurance coverage
 - Does not address rising cost
- **Employers can’t cover everyone - who can?**
 - Perhaps the state should play a more active role?

Thinking it through: **A public system?**

A state-run health care system?

NOT SO FAST - WE HAVE TO THINK ABOUT THIS

Thinking it through:

What is the role of the state?

- **There are some things the state can do**
 - Bring more physicians to the state
 - » Provide incentives for doctors to work in MS; scholarships to bring in new providers
 - Oversee & regulate insurance industry
 - » Act as a clearinghouse that coordinates access to insurance and health care
 - » Cap insurance company profits: **82% support capping insurer profits**; 56% *strongly* support.
 - But do we want the state to run a health care system?

Thinking it through:

Concerns about a public system

In MS, concerns about a publicly run insurance system center on abuse of system, not limits on choice

On the one hand...

- We shouldn't have to pay for people who don't or won't work
- A "free ride" will lead to abuse of system
 - **43%** believe that if people don't pay out of pocket for health care they will visit the doctor too frequently (compared to 34% nationwide)

On the other hand...

- Many uninsured people DO work
- We are already paying a lot to treat the uninsured
- We want to lower everyone's costs - and ***that means everyone has to be covered***

Thinking it through:

How should we get insurance?

A tiered system will encourage people to take more responsibility and allow employers to play a role

- State provides basic coverage
 - » All Mississippians covered
 - » Simplifies current system
 - » Should reduce cost
- Employers can provide supplemental coverage
 - » Incentive for attracting best workers
 - » Allows ability to buy up
 - » Individuals can also purchase supplemental themselves

Ultimately, 81% of MS participants supported switching to a publicly run system; only 16% supported sticking with the current employer based system.

Thinking it through: How can we make Mississippians healthier?

- ***MS is currently very unhealthy***
 - Less healthy than other states
 - Negative effects of lifestyle choices
 - Making state residents healthier is essential for success
- ***First step in making people healthier: Improve prevention and access to care***
 - All children receive comprehensive care (71% of participants rate this as “absolutely essential”)
 - 97% support putting more resources into preventive care
 - Cover cost of prescription drugs

Thinking it through:

How can we make Mississippians healthier? (cont'd)

- ***Second step: Improve delivery of care***

- Medical ID cards

- » More coordinated and efficient delivery of care

- » Reduce fraud and abuse

- » **72% of MS participants strongly supported using technology to improve medical record keeping and better coordinate care** (compared to 66% in national sample)

- Use other health care providers (e.g. nurse practitioners)

Thinking it through:

How can we make Mississippians healthier? *(cont'd)*

- ***Third step: bring about cultural change and greater individual responsibility***
 - Health education for children & adults
 - Get society mobilized
 - » Incentives for healthy behavior: 68% supported encouraging and rewarding healthy life styles.
NB: carrots only - no sticks!
 - » Community based programs for healthy living
 - » Employers - provide wellness programs etc.
 - » “Sin tax” to reduce unhealthy behavior

Thinking it through: Who pays and how?

Everyone in the state has a stake in the system - so everyone must pay something

- Businesses pay tax on profits, can offer supplemental insurance
- Individuals pay co-pays & deductibles
 - Must be affordable - scaled to income so that cost is not a barrier to needed care
 - But everyone must pay something to limit excessive use of system
- Combination of sales tax, income tax & sin taxes
 - Sales tax (everyone pays) - but exempting necessities like food & medicine
 - Income tax (wealthy pay more)
 - Sin tax: tobacco, alcohol, casinos & junk food

80% of participants said they would be willing to pay higher taxes so that everyone can have health insurance

Effect of dialogue

- “No one ever asked before”
- Participants eager for the conversation, hungry to be heard
- Surprised by the civility of the dialogue and the amount of common ground across age, race, income and gender
- Moved from a personal to a communal perspective
- Ended with a sense of hope

Questions for Groups

- What is the most surprising or important thing you have heard and what opportunities does it present for you to work together to advance health care reform in Mississippi?
- What are the one or two larger questions this effort suggests?

Ground Rules of Dialogue

The purpose of dialogue is to understand and learn from one another. You cannot “win” a dialogue.

- All dialogue participants speak for themselves, not as representatives of groups or special interests
- Treat everyone in a dialogue as an equal: leave role, status and stereotypes at the door
- Be open and listen to others even when you disagree; resist the temptation to rush to judgment
- Search for assumptions (especially your own)
- Look for common ground